



IBM INTERCONNECT 2016
MANDALAY BAY
LAS VEGAS, NV
FEBRUARY 21 - 25

WILLWORK INC.
 23 Norfolk Ave.
 South Easton, MA 02375
 Ph: 508 230-3170 Fax: 774 568-5364
 Attn: Chris Butler
cbutler@willworkinc.com

ORDER FORM – ORDER RECAP CONFIRMATION

Discount Deadline: Friday, February 5, 2016

BOOTH NUMBER _____

1. Please complete the information requested and return payment in full with this form and your order.
2. You may choose to pay by credit card or check. You must complete Page 1 of the six-page Order Form in this Manual regardless of payment method. If you are paying by check, please make check payable to **WILLWORK, INC. EXHIBIT SERVICES**
3. Mail your check and all applicable forms to:

WILLWORK, INC. EXHIBIT SERVICES
23 Norfolk Ave
South Easton, MA 02375

CALCULATION OF ORDERS (total from each Willwork, Inc. Exhibit Services order form):

| | |
|---|----|
| STANDARD BOOTH FURNISHINGS * | \$ |
| LABOR ORDER FORM* | \$ |
| FREIGHT ORDER FORM | \$ |
| RENTAL EXHIBIT ORDER FORM * | \$ |
| CARPET ORDER FORM * | \$ |
| SPECIAL SIGNS * | \$ |
| ACCESSIBLE STORAGE | |
| Sub Total | \$ |
| 8.1% NV Sales Tax Line items marked with an * are subject to NV Sales Tax | |
| TOTAL DUE TO WILLWORK, INC. EXHIBIT SERVICES | \$ |

PAYMENT METHOD:
 Credit Card: VISA MASTERCARD AMERICAN EXPRESS
 Check: # _____ Dated ____ / ____ / ____ in the amount of \$ _____

EXHIBITORS PAYING BY CHECK ARE STILL REQUIRED TO PROVIDE A CREDIT CARD AUTHORIZATION AS GUARANTEE OF PAYMENT FOR ADDITIONAL CHARGES.

Please print or type information below:

| | | |
|--------------------------|-----------|------|
| Card Holders Name: | | |
| Card Billing Address: | | |
| City: | State: | ZIP: |
| Telephone: | Fax: | |
| Exhibiting Company Name: | Booth No: | |



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PLEASE COMPLETE THE INFORMATION REQUESTED BELOW:

CONTACT NAME: _____

COMPANY NAME: _____

TELEPHONE NUMBER: (____) _____ - _____

FAX NUMBER: (____) _____ - _____

EMAIL ADDRESS _____

PLEASE CHECK THE BOX INDICATING HOW YOU WOULD LIKE YOUR ORDER CONFIRMED:

BY TELEPHONE **BY FAX** **BY EMAIL**

NOTE: TO QUALIFY FOR DISCOUNT PRICES YOU **MUST** SEND YOUR ORDER AND PAYMENT-IN-FULL PRIOR TO THE DISCOUNT DEADLINE DATE SPECIFIED IN THIS MANUAL.

FAX CONFIRMATION

WE HAVE RECEIVED THE FOLLOWING ORDERS FOR YOUR BOOTH:

- | | | | |
|-------------------------------|--------------------------|--------------------------------|--------------------------|
| PAYMENT INFORMATION | <input type="checkbox"/> | MATERIAL HANDLING | <input type="checkbox"/> |
| STANDARD BOOTH FURNISHINGS | <input type="checkbox"/> | BOOTH CLEANING | <input type="checkbox"/> |
| CARPET | <input type="checkbox"/> | SPECIAL SIGNS | <input type="checkbox"/> |
| LABOR | <input type="checkbox"/> | RENTAL EXHIBIT | <input type="checkbox"/> |
| THIRD PARTY PAYMENT AGREEMENT | <input type="checkbox"/> | EXHIBITOR APPOINTED CONTRACTOR | <input type="checkbox"/> |

ADDITIONAL INFORMATION NEEDED TO PROCESS YOUR ORDER:

Thank you for your order. If we can be of further assistance, or for additional information, please contact our Exhibitor Service Department at 508 230-3170